

File Original and First Copy with  
Department of Ecology

Second Copy—Owner's Copy

Third Copy—Driller's Copy

**WATER WELL REPORT**

STATE OF WASHINGTON

Start Card No. 043911Water Right Permit No. 32/1E/18L(1) OWNER: Name SHIRONA BOB CRAY Address 4086 400 W. OAK HARBOUR(2) LOCATION OF WELL: County ISLAND NE & SW Sec 18 T. 32 N. R. 1E W.M.(2a) STREET ADDRESS OF WELL (or nearest address) SHIRONA, OAK HARBOUR WA 98277(3) PROPOSED USE: ☐ Domestic ☐ Industrial ☐ Municipal ☐  
☐ Irrigation ☐ Test Well ☒ Other ☐  
☐ DeWater(4) TYPE OF WORK: Owner's number of well (if more than one) 2Abandoned ☐ New well ☒ Method: ☐ Dug ☐ Bored ☐  
Deepened ☐ Cable ☒ Driven ☐  
Reconditioned ☐ Rotary ☐ Jetted ☐(5) DIMENSIONS: Diameter of well 6 inches.  
Drilled 230 feet. Depth of completed well 230 ft.

## (6) CONSTRUCTION DETAILS:

Casing installed: 6 • Diam. from 0 ft. to 220 ft.  
Welded ☒ • Diam. from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
Liner installed ☐ • Diam. from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
Threaded ☐ • Diam. from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.Perforations: Yes ☐ No ☒

Type of perforator used \_\_\_\_\_

SIZE of perforations \_\_\_\_\_ in. by \_\_\_\_\_ in.  
\_\_\_\_\_ perforations from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
\_\_\_\_\_ perforations from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
\_\_\_\_\_ perforations from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.Screens: Yes ☒ No ☐Manufacturer's Name COOK  
Type STAINLESS Model No. \_\_\_\_\_  
Diam. 6 Slot size 12 from 220 ft. to 230 ft.  
Diam. \_\_\_\_\_ Slot size \_\_\_\_\_ from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.Gravel packed: Yes ☐ No ☒ Size of gravel \_\_\_\_\_  
Gravel placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.Surface seal: Yes ☒ No ☐ To what depth? 18 ft.Material used in seal BENTONITEDid any strata contain unusable water? Yes ☐ No ☒

Type of water? \_\_\_\_\_ Depth of strata \_\_\_\_\_

Method of sealing strata off \_\_\_\_\_

(7) PUMP: Manufacturer's Name \_\_\_\_\_

Type \_\_\_\_\_ H.P. \_\_\_\_\_

(8) WATER LEVELS: Land-surface elevation 200 ft. above mean sea levelStatic level 181 ft. below top of well Date 5-93

Artesian pressure \_\_\_\_\_ lbs. per square inch Date \_\_\_\_\_

Artesian water is controlled by \_\_\_\_\_ (Cap. valve, etc.)

(9) WELL TESTS: Drawdown is amount water level is lowered below static level

Was a pump test made? Yes ☒ No ☐ If yes, by whom? \_\_\_\_\_

Yield: \_\_\_\_\_ gal./min. with \_\_\_\_\_ ft. drawdown after \_\_\_\_\_ hrs.

" " " " " "

" " " " " "

Recovery data (time taken as zero when pump turned off) (water level measured from well top to water level)

Time Water Level Time Water Level

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of test \_\_\_\_\_

Bailer test 20 gal./min. with 10 ft. drawdown after 2 hrs.

Airstest \_\_\_\_\_ gal./min. with stem set at \_\_\_\_\_ ft. for \_\_\_\_\_ hrs.

Artesian flow \_\_\_\_\_ g p m. Date \_\_\_\_\_

Temperature of water \_\_\_\_\_ Was a chemical analysis made? Yes ☐ No ☒

## (10) WELL LOG or ABANDONMENT PROCEDURE DESCRIPTION

Formation: Describe by color, character, size of material and structure, and show thickness of aquifers and the kind and nature of the material in each stratum penetrated with at least one entry for each change of information.

MATERIAL	FROM	TO
DRY SAND	0	16
CLAY	16	35
HARD PAN	35	55
SAND	55	142
CLAY	142	162
SAND	162	180
CLAY	180	212
WATER SAND	212	230

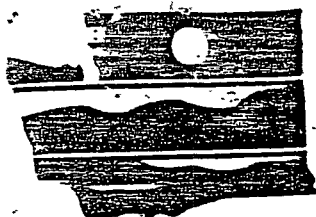
RECEIVED  
JUL 16 1993RECEIVED  
MAY 26 1993  
ISL. CITY HEALTH DEPT.  
DEPT. OF ECOLOGYSHIRONA WATER SYSTEM PWS 78373 SRC 02  
ISLAND Long. -122.742007 Lat. 48 257974  
Well Tag AGA883Work started MAY, 1993 Completed MAY 20, 1993

## WELL CONSTRUCTOR CERTIFICATION:

I constructed and/or accept responsibility for construction of this well, and its compliance with all Washington well construction standards. Materials used and the information reported above are true to my best knowledge and belief.

NAME WHIDREY WELL DRILLERS  
(PERSON, FIRM, OR CORPORATION) (TYPE OR PRINT)Address OAK HARBOUR WA(Signature) Pennie Jabe License No. 129  
(WELL DRILLER)Contractor's Registration No. WHIDRW289MM Date MAY, 1993

(USE ADDITIONAL SHEETS IF NECESSARY)



WASHINGTON STATE  
DEPARTMENT OF  
ECOLOGY

# Well Tagging Form

Unique Well Tag No: \_\_\_\_\_

AGA 883 502

## RECORD VERIFICATION (check ☒ one)

☐

Well Report available (please attach this form to the well report and submit it to the Ecology Regional Office near you)

☐

Verification inconclusive

☐

Well Report not available

## WELL OWNERSHIP, IF DIFFERENT FROM WELL REPORT

First Name: SHIRON W. SVS

Last Name: \_\_\_\_\_

Street Address: 78373-1F

City: \_\_\_\_\_

State: \_\_\_\_\_

## LOCATION OF WELL, IF DIFFERENT FROM WELL REPORT

Well Address: 2317 WELLMAN / NORTH VIEW RD

City: \_\_\_\_\_ County: \_\_\_\_\_

T. \_\_\_\_\_ N. R. \_\_\_\_\_ W.M. Sec. \_\_\_\_\_ 1/4 of the \_\_\_\_\_

## FOR AGENCY USE ONLY

Latitude \_\_\_\_\_

Longitude \_\_\_\_\_

Elevation at land surface \_\_\_\_\_ feet/meters (circle one)

Additional information, if available:

☐

Location marked on topographic map (please attach)

☐

Location marked on air photo (please attach)

☐

GPS

☐

Topographic Map

☐

Survey

☐

Computer generated

☐

Digital Altimeter

☐

Topographic Map

☐

Other \_\_\_\_\_

The Department of Ecology does NOT Warranty the Data and/or the Information on this Well Report.

## FOR AGENCY USE ONLY

### WELL CHARACTERISTICS

Physical Description of well (size of casing, type of well, housing, etc.)

6" CASING - INSIDE PUMPHOUSE WITH SEC #1 CINDERBLOCK  
HOUSE W/SLOPED ROOF (210-12') ATTACHED TO 1 OF 2 RES'S,  
AND ALL PAINTED BRIGHT GREEN.

Location of Well identification Tag:

CASING

Is supplemental tag needed for ease of identifying well?

☐

Yes

☒

No

Yes, where was tag placed?

Scale 1:24,000 (1"=2,000')

Indicate the location of the well within the Section by drawing a dot at that point.

SECTION \_\_\_\_\_

D	C	B	A
E	F	G	H
M	L	K	J
N	P	Q	R

COMMENTS:

## FOR ECOLOGY WATER RESOURCES PROGRAM ONLY

Permit Right # \_\_\_\_\_

Date Issued \_\_\_\_\_

Permit One: Application

Permit

Certificate

Claim

Exempt